

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gina M. Savage, Dir.  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103-4599

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X G. Brown
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

A. Brown

C. Date of Delivery

5-31-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 2458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1544

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wanda Robinson, Asst. Dir.  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103-4599

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X G. Brown
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

G. Brown

C. Date of Delivery

5-31-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 2465

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1544

## SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

C. Smith, E-Team Officer  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103-4599

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X G. Brown
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

A. Brown

C. Date of Delivery

5-31-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 2434

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1544